

Appendix H

San Francisco ACCESS Courtroom Referral

ACCESS Courtroom Referral

PLEASE TAKE THIS SLIP TO ROOM 208 AND SIGN IN TO GET HELP.

NAME: _____ DATE: _____

DEPT #: _____ CASE #: _____ PRIMARY LANGUAGE: _____

TYPE OF CASE: ☐ Small Claims ☐ Civil Harass. ☐ Name Change ☐ Eviction

ISSUE:

- | | |
|--|---|
| <input type="checkbox"/> Service problems | <input type="checkbox"/> Improper naming of party |
| <input type="checkbox"/> Needs reissuance of OSC | <input type="checkbox"/> Prepare Order After Hearing |
| <input type="checkbox"/> Does not understand order | <input type="checkbox"/> Information on enforcing order |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Needs to republish OSC |

RESULT:

- ☐ MUST RETURN to Courtroom by _____
- ☐ Matter continued/reissued to _____
- ☐ Matter taken off calendar

